

**BY ORDER OF THE SECRETARY  
OF THE AIR FORCE**

**AIR FORCE INSTRUCTION 34-308**

**26 FEBRUARY 2015**



*Services*

**NONAPPROPRIATED FUND WORKERS'  
COMPENSATION PROCEDURES**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

---

**ACCESSIBILITY:** Publications and forms are available on the e-Publishing website at [www.e-Publishing.af.mil](http://www.e-Publishing.af.mil) for downloading or ordering

**RELEASABILITY:** There are no releasability restrictions on this publication

---

OPR: AF/A1C

Certified by: SAF/MR  
(Mr. Daniel R. Sitterly)

Pages: 16

Supersedes: AFI 34-308, 13 October 2010

---

This instruction implements DoDI 1400.25, Volume 1401, *DoD Civilian Personnel Management System: General Information Concerning Nonappropriated Fund (NAF) Personnel Policy*, DoDI 1400.25, Volume 1408, *DoD Civilian Personnel Management System: Insurance and Annuities for Nonappropriated Fund (NAF) Employees*, and Air Force Policy Directive (AFPD) 34-3, *Nonappropriated Funds Personnel Management and Administration*. This Air Force Instruction (AFI) provides guidance on implementing and administering the workers' compensation program for injured NAF employees covered by the Longshore and Harbor Workers' Compensation Act (LHWCA). It is based on the LHWCA (33 U.S.C. 901 and following), as extended by the Nonappropriated Fund Instrumentalities Act (5 U.S.C. 8171-8173). This instruction does not apply to Army and Air Force Exchange Service (AAFES) employees. This instruction directs collecting and maintaining information subject to the Privacy Act of 1974 authorized by 33 U.S.C. 901, and 5 U.S.C. 8171-8173. In collaboration with the Chief of Air Force Reserve (AF/RE) and the Director of the Air National Guard (NGB/CF), the Deputy Chief of Staff for Manpower, Personnel, and Services (AF/A1) develops personnel policy for NAF Workers' Compensation Procedures. This AFI may be supplemented at any level; all supplements must be approved by the Human Resource Management Strategic Council (HSC) prior to certification and approval. Refer recommended changes and questions about this publication to the OPR using AF Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through the appropriate chain of command. The authorities to waive wing/unit level requirements in this publication are identified with a Tier ("T-0, T-1, T-2, T-3") number following the compliance statement. See AFI 33-360, *Publications and Forms Management*, Table 1.1. for a description of authorities associated with tier numbers. Submit

requests for waivers to the Publication OPR for non-tiered compliance items. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) Air Force Manual (AFMAN) 33-363, Management of Records, and disposed of IAW Air Force Records Disposition Schedule (RDS) located in the Air Force Records Information Management System (AFRIMS).

## ***SUMMARY OF CHANGES***

*This document is substantially revised and must be completely reviewed.* This revision outlines responsibilities and program requirements for Nonappropriated Fund Workers' Compensation Procedures. This revision reformats the entire publication format to comply with current publishing standards.

Section A—Claims Overview	3
1. Claims Administration. ....	3
2. Claims Development. ....	3
3. Program Applicability. ....	3
4. Disability Benefits. ....	3
Section B—Responsibilities	4
5. Supervisors: ....	4
Table 1. Instructions for Submitting Workers' Compensation Forms ....	5
6. NAF HR Section: ....	7
7. NAF AOs: ....	9
8. NAF Workers' Compensation Section. ....	9
9. Office of Legal Counsel (AFSVA/JA). ....	10
10. FSS Commander or Director. ....	10
<b>Attachment 1—GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION</b>	<b>11</b>
<b>Attachment 2—US DEPARTMENT OF LABOR, DIVISION OF LONGSHORE AND HARBOR WORKERS' COMPENSATION DISTRICT OFFICES</b>	<b>14</b>
<b>Attachment 3—BENEFIT CALCULATION EXAMPLE</b>	<b>15</b>
<b>Attachment 4—PHYSICAL ABILITY RATINGS</b>	<b>16</b>

## *Section A—Claims Overview*

**1. Claims Administration.** The Air Force Nonappropriated Fund (AFNAF) Workers' Compensation Program is administered at Air Force Services Activity (AFSVA). Installation-level activities develop initial claims by completing DOL Longshore (LS) forms. AFSVA, Workers' Compensation Section (AFSVA/SVXHW) develops claims, process benefits, and resolves claims. (T-0)

**2. Claims Development.** Installation-level activities will provide DOL Form LS-202 to AFSVA/SVXHW within 24 hours following the date of an employee's injury. All claims development, benefit processing, claims resolution, and reimbursement of expenses will be processed by AFSVA/SVXHW, 2261 Hughes Avenue, Suite 156, JBSA Lackland, TX 78236-9854. (T-0)

### **3. Program Applicability. (T-0)**

3.1. This program applies to a NAF civilian employee who is:

3.1.1. A United States (US) citizen or a permanent resident of the US or territory or possession of the US, employed outside the continental US (CONUS), or

3.1.2. Employed inside the continental US (CONUS) and whose

3.1.3. Injury or disease arises out of, and in the course and scope of employment.

3.2. Persons not covered are contract workers, volunteers, off-duty military personnel, and those whose injuries or illnesses are caused by intoxication or a willful intent to injure or kill themselves or others.

3.3. Employees who are not citizens or permanent residents of the US, but who are employed outside the United States are provided benefits:

3.3.1. Under applicable local law, treaty, custom, or agreement, and

3.3.2. Through locally procured commercial insurance or the country's local government.

3.3.3. Administration of such coverage is prescribed by arrangements made between the appropriate MAJCOM and the foreign country's government agency responsible for Workers' Compensation.

**4. Disability Benefits.** The disability benefits due an employee injured in a job-related accident or illness may include: (T-0)

4.1. Temporary Total Disability (TTD) benefits paid during the time an employee is unable to perform any work due to injury or sickness. (T-0)

4.1.1. The benefit is 66 2/3 percent of the average weekly wages (AWW), with minimum and maximum amounts. The benefit is paid every two weeks with the payment due approximately 14 days after the employer is notified of the injury.

4.1.2. AFSVA/SVXHW annually publishes the new minimum and maximum compensation rates effective each 1 October based on US DOL announcement.

4.1.3. The benefit is not payable for the first three calendar days of disability unless the period of disability exceeds 14 days. In that event, the first three days are paid retroactively.

- 4.1.4. Reference [Attachment 3](#) for an example of AWW, benefit calculation and timing of payment.
- 4.2. Temporary Partial Disability (TPD) benefits are paid during a period an employee may do some work following an injury, but the employee's hours are reduced due to temporary limitations resulting from the injury. **(T-0)**
- 4.2.1. The benefit is paid at the rate of  $66 \frac{2}{3}$  percent of the difference between the employee's AWW at the time of injury and his or her wage earnings after the injury.
- 4.2.2. The benefit is payable during the healing period until the injured worker returns to work earning at least the pre-injury AWW.
- 4.3. TTD and TPD may be supplemented from available sick leave or annual leave so that the employee's combined income from the disability benefit and the leave payment equals but does not exceed 100 percent of an employee's wage at the time of injury. An employee may initiate this action by completing and submitting an Office of Personnel Management (OPM) Form 71, *Application for Leave*, to his or her supervisor. **(T-3)**
- 4.4. Permanent disability benefits, either partial or total, and death benefits are paid by AFSVA/SVXHW on its own direction or on an order from the DOL. **(T-0)**
- 4.5. Reasonable medical, surgical, and other attendance or treatment expenses are payable for the period that the nature of the injury or the process of recovery requires. **(T-0)**
- 4.5.1. Supervisors will authorize initial medical treatment to an employee reporting a job-related injury or illness who requests care. **(T-0)**
- 4.5.2. Travel expenses incurred by an employee for medical treatment are reimbursable at the General Services Administration (GSA) automobile mileage rate. The injured employee must request reimbursement in writing to AFSVA/SVXHW.
- 4.6. An injured employee may only obtain authorized medical care from one of the following: **(T-0)**
- 4.6.1. Their first choice of physician. (Note: Chiropractor treatment is not authorized)
- 4.6.2. Another physician to whom the authorized treating physician refers the employee.
- 4.6.3. Another physician specifically authorized in writing by the DOL or AFSVA/SVXHW.

## ***Section B—Responsibilities***

### **5. Supervisors:**

- 5.1. Brief employees on accident procedures; provides initial medical care instructions; and provides the injured employee with DOL LS forms. Complete employer DOL LS forms, forwarding them to the NAF HR for processing. Provide employment suitable to the employee's physical capacity. **(T-3)**
- 5.2. Post and maintain LS-242, *Notice to Employees*, in customary employee bulletin board areas. **(T-0)**

5.3. On an employee's request for medical care due to an injury, complete items 1 through 13 of the DOL LS-1, Request for Examination and/or Treatment. Do not give more than one DOL Form LS-1 to an employee or a medical service provider for any single injury. If the claim is questionable, check item 7b. Refer to Table 1 for guidelines on form submission. (T-0)

**Table 1. Instructions for Submitting Workers' Compensation Forms**

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>I T E M</b>	<b>Form Number</b>	<b>Prepared by</b>	<b>Given to</b>	<b>Timeframe</b>
1	LS-1, <i>Request for Examination and/or Treatment</i> (Original and copy)	Supervisor or Manager (Part A only)	Injured employee before initial medical treatment. (Note: Not required in an emergency situation)	At time of injury or as soon as NAF HR or employer is informed of injury. (Note: Not required in an emergency situation)
2	AF Form 786, <i>Patient's Authorization for Release of Medical Information</i>	Injured Employee; obtained from supervisor	NAF HR, for submission to AFSVA/SVXHW	Within 5 calendar days of the accident
3	LS-201, <i>Notice of Employee's Injury or Death</i>	Injured employee or supervisor if employee is unable to complete at time of injury	NAF HR, for submission to AFSVA/SVXHW along with copies of the Forms LS-1, LS-202 to the installation safety and public health offices	Within 3 days of notification as outlined in AFMAN 91-224, Para 2.5.2.
4	Form LS-202, <i>Employer's First Report of Injury or Occupational Illness</i>	Supervisor or manager	NAF HR, for submission to AFSVA/SVXHW along with copies of the Forms LS-1, LS-201 to the installation safety and public health offices	Within 24 hours following the date of employee's injury

5	Form LS-210, <i>Employer's Supplementary Report of Accident or Occupational Illness</i>	AFSVA/SVXHW	The appropriate district director	When the injured employee is placed off work by the doctor for 4 or more consecutive days of work due to their injury
6	AF Form 784, <i>USAF NAF Workers' Compensation Record. Overseas installations only</i>	NAF HR	NAF AO who completes the form as it makes payment(s)	If disability is involved, submit to the NAF AO within 10 days the employer had knowledge of the injury to commence payment; forward the completed document to AFSVA/SVXHW
7	Form LS-206, <i>Payment of Compensation Without Award</i>	AFSVA/SVXHW	The appropriate DOL district director and injured worker	On the first payment of compensation
8	Form LS-208, <i>Notice of Final Payment or Suspension of Compensation Payments</i>	AFSVA/SVXHW	The appropriate DOL district director and injured worker	Within 16 days of the last payment of compensation
9	Form LS-207, <i>Notice of Controversion of Right to Compensation</i>	AFSVA/SVXHW	The appropriate DOL district director and injured worker	Within 14 days of injury or knowledge of injury if claim is being denied without payment or 14 days from the date of last payment
10	Form LS-242, <i>Notice to Employees</i>	NAF HR	Permanently post this form in all facilities where NAF personnel are employed	Not applicable
11	Form LS-204, <i>Attending Physician's Supplementary Report</i>	Attending physician, on request, for additional medical information	NAF HR, for submission to AFSVA/SVXHW	As needed to confirm the employee's medical status

12	Form OWCP 5, <i>Work Capacity Evaluation</i>	Treating physician, on request of AFSVA/SVXHW	AFSVA/SVXHW	Post-injury, if the employee is still disabled
13	Form LS-200, <i>Report of Earnings</i>	AFSVA/SVXHW	Employee in receipt of long term disability	As AFSVA/SVXHW deems needed; no more than once every 6 months

5.4. Select the nearest medical treatment facility if the employee cannot make the choice because of the nature of the injury or illness. **(T-3)**

5.5. In the event the injury or illness is seriously disabling, and in the case of an employee's death, contact AFSVA/SVXHW to allow prompt notification of next of kin. **(T-3)**

5.6. Provide the injured employee with: **(T-0)**

5.6.1. DOL Form LS-201 at an employee's or family member's request.

5.6.2. AF Form 786. The employee completes (hand written), signs, and returns the form to the supervisor.

5.6.3. DOL Form LS-204 for each authorized follow-up medical visit. Disability status must be verified by the authorized treating physician.

5.6.4. If the employee declines medical care, they will need to sign and date a declination of medical treatment form.

5.7. Complete DOL Form LS-202 within 24 hours of notice of an injury. **(T-3)**

5.8. Arrange for light-duty work consistent with the treating physician's release to duty. **(T-3)**

5.8.1. Do not deny an employee placement for light duty except for the most compelling reasons which would constitute an undue hardship.

5.8.2. In the event that the employee cannot be placed on light duty, the FSS commander or alternate must provide a reason, in writing to AFSVA/SVXHW, why light duty or limited duty cannot be accommodated.

5.9. Promptly submit all forms received from the employee and those the supervisor fills in to the NAF HR. Inform that office of any change in the employee's status and use the NAF HR to maintain close contact with an employee who is losing time from work. **(T-3)**

## 6. NAF HR Section:

6.1. Upon receipt of notification of an injury, the NAF HR Section will input all required information into the Workers' Compensation Claims Management System (WCCMS) and immediately scan and email all documentation to the appropriate claims examiner, to include DOL Forms LS-201, LS-202, LS-1, AF Form 786, future LS-204 and other medical

documentation. Original forms should be mailed to the AFSVA/SVXHW office. Other documentation may be required to include timecards, position description, and bills received. Upon submitting the new claim, the WCCMS will assign a new claim number. **(T-3)**

6.2. Help the supervisor keep in touch with the employee through periodic phone calls. **(T-3)**

6.3. Coordinate activity on lost-time cases with the assigned AFSVA/SVXHW claims examiner. **(T-3)**

6.4. At overseas installations in which the local NAF AO continues to make payments, provide AFSVA/SVXHW, at six-week intervals, a summary of the claim's status, including medical reports, itemized medical bills, and documentation of payments from the NAF AO, and AF Form 784. **(T-3)**

6.5. Contact the assigned AFSVA/SVXHW claims examiner by phone in any of the following situations: **(T-3)**

6.5.1. On any non-controverted file in which TTD benefits are not being paid to an employee who makes a claim and is not working.

6.5.2. On forwarding a file for AFSVA/SVXHW's further adjudication because an employee continues to lose time from work or begins to lose time.

6.5.3. On receiving information an employee in receipt of benefits from AFSVA/SVXHW has returned to work.

6.5.4. On the death of a NAF employee when the cause of death is reported as due to injury or sickness on the job, or on the death of an employee receiving Workers' Compensation.

6.6. Obtain a statement of physical activity from the employee's supervisor which will accommodate reemployment on limited duty. **(T-3)**

6.7. Review a supervisor's decision declining to offer light duty when an employee is released by a treating physician to limited duty. Analyze the job to determine if changing some job duties facilitates return to employment status. If accommodation in the activity in which the employee was injured cannot be made, review the employee's qualifications for other work in the FSS. **(T-3)**

6.8. Implement rehire procedures to identify relevant physical ability and working condition information. **(T-3)**

6.8.1. Along with other job application forms, have applicant complete an AF Form 243, Statement of Physical Ability - NAF.

6.8.2. Refer the following to the installation medical treatment facility or a contract medical practitioner for physical examination prior to appointment action.

6.8.2.1. Selectees for positions which require frequent lifting, and/or carrying of objects weighing 40 or more pounds (see **Attachment 4**, Physical Ability Ratings).

6.8.2.2. Selectee who provides affirmative responses to AF Form 243, Section A, items 7 through 11.



- 6.8.2.3. Provide the AF Form 243, which was completed by the candidate, and SF78, Certificate of Medical Examination, with Part B completed by the appointing officer, to the examining physician and ask the medical reviewer to complete, based on medical examination, the SF 78.
- 6.9. In the event disaster occurs, resulting in cataclysmic loss to employees while in the course of employment so as to prevent normal procedure, a representative of the NAF HR provides AFSVA/SVXHW by telephone, followed by e-mail or fax with information to identify injured employees, treating medical personnel, and the present location of the injured employees. **(T-3)**
  - 6.9.1. AFSVA/SVXHW will arrange for contract medical management specialists to locate the injured employees and treating physicians to obtain required information to commence compensation/medical benefits.
  - 6.9.2. Copies of actions taken by AFSVA/SVXHW during this time are submitted to the installation NAF HR.

## **7. NAF AOs:**

- 7.1. United States Air Forces in Europe (USAFE) and United States Pacific Air Forces (PACAF) installations will submit a copy of the AF Form 784, proof of payment of benefits, and medical bills to AFSVA/SVXHW. **(T-3)**
- 7.2. Claimant is not entitled to reimbursement for loss of leave which was used in the attendance of a medical appointment.

## **8. NAF Workers' Compensation Section.** Manages this program and furnishes technical guidance and assistance as required. The Section: **(T-2)**

- 8.1. Develops program and claims administration procedures.
- 8.2. Assists and directs supervisors, NAF HRs, and NAF AOs in Workers' Compensation issues.
- 8.3. Reimburses for claims paid by the administration consistent with this instruction, and notifies NAFI of interest charges due an employee because of non-timely payment of benefits overseas.
- 8.4. Requests AFSVA/JA represent the involved NAFI as needed.
- 8.5. Challenges compensation, medical, or both expenses by filing DOL Form LS-207 in appropriate cases.
- 8.6. Communicates with the DOL. Provides all required DOL LS forms to the DOL as required for lost time claims or controversions.
- 8.7. Provides AFSVA/JA with notices of cases referred to the Office of Administrative Law Judges.
- 8.8. Pay settlements of controverted cases per direction of AFSVA/JA.
- 8.9. Adjudicates all claims submitted through the WCCMS, pays all bills that are related to the injury and assigns nurse case management assistance as deemed necessary.

8.10. Recommends premium rates through AFSVA Director, Plans and Force Management (AFSVA/SVX) to charge to NAFIs to cover the cost of program operations for inclusion in the Central Air Force Insurance Fund (AFIF) Budget.

**9. Office of Legal Counsel (AFSVA/JA). (T-3)**

9.1. Provides legal research and support to AFSVA/SVXHW on Workers' Compensation matters.

9.2. Advises MAJCOM and installation legal offices on general Workers' Compensation matters and on specific claims.

9.3. Represents the Air Force Insurance Fund (AFIF) at all formal hearings the US DOL conducts, and performs related services, including filing appeals.

9.4. Negotiates and settles controverted cases, as needed.

**10. FSS Commander or Director.** The FSS commander or director administers the installation workers' compensation program and NAF employee safety. In that capacity, the FSS commander or director: **(T-3)**

10.1. Designates NAF HR personnel to implement the program.

10.2. Ensures orientation and training of NAF HR personnel, and supervisors of NAF employees.

10.3. Provides written documentation when an employee cannot be accommodated for light or restricted duty following an on-the-job injury.

DANIEL R. SITTERLY, SES, USAF  
Principal Deputy Assistant Secretary of the Air Force  
(Manpower and Reserve Affairs)

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

DoDI 1400.25, Volume 1401, *DoD Civilian Personnel Management System: General Information Concerning Nonappropriated Fund (NAF) Personnel Policy*, October 18, 2011

DoDI 1400.25, Volume 1408, *DoD Civilian Personnel Management System: Insurance and Annuities for Nonappropriated Fund (NAF) Employees*, July 21, 2009

AFPD 34-3, *Nonappropriated Fund Personnel Management and Administration*, 19 July 2012

AFI 33-360, *Publications and Forms Management*, 25 September 2013

AFMAN 33-363, *Management of Records*, 1 March 2008

AFMAN 34-214, *Procedures for Nonappropriated Funds Financial Management and Accounting*, 14 February 2006

AFMAN 91-224, *Ground Safety Investigations and Reports*, 1 August 2004

***Prescribed Forms***

AF Form 243, Statement of Physical Ability-NAF

AF Form 784, USAF NAF Workers' Compensation Record

AF Form 786, Patient's Authorization for Release of Medical Information (USAF NAF Workers' Compensation Program)

***Adopted Forms:***

AF Form 847, Recommendation for Change of Publication

DOL Form LS-1, Request for Examination and/or Treatment

DOL Form LS-200, Report of Earnings

DOL Form LS-201, Notice of Employee's Injury or Death

DOL Form LS-202, Employer's First Report of Injury or Occupational Illness

DOL Form LS-204, Attending Physician's Supplementary Report

DOL Form LS-206, Payment of Compensation Without Award

DOL Form LS-207, Notice of Controversion or Right to Compensation

DOL Form LS-208, Notice of Final Payment or Suspension of Compensation Payments

DOL Form LS-210, Employer's Supplementary Report of Accident or Occupational Illness

DOL Form LS-242, Notice to Employees

DOL Form LS-555, Privacy Act of 1974 Notice

DOL Form OWCP5, Work Capacity Evaluation

OPM 71, Application for Leave

***Abbreviations and Acronyms***

**AAFES**—Army and Air Force Exchange Service

**AF**—Air Force

**AFI**—Air Force Instruction

**AFMAN**—Air Force Manual

**AFNAF**—Air Force Nonappropriated Fund

**AFPD**—Air Force Policy Directive

**AFRIMS**—Air Force Records Information Management System

**AFSVA**—Air Force Services Activity

**AFSVA/JA**—Air Force Services Activity, Judge Advocate (Office of Legal Counsel)

**AFSVA/SVX**—Air Force Services Activity (Director, Plans and Force Management Division)

**AFSVA/SVXHW**—Air Force Services Activity (Workers' Compensation Section)

**AO**—Accounting Office

**AWW**—Average Weekly Wage

**CONUS**—Continental United States

**DOL**—Department of Labor

**DOT**—Dictionary of Occupational Titles

**FSS**—Force Support Squadron

**GSA**—General Services Administration

**HQ**—Headquarters

**LHWCA**—Longshore and Harbor Workers' Compensation Act

**LS**—Longshore

**MAJCOM**—Major Command

**NAF**—Nonappropriated Fund

**NAF HR**—Nonappropriated Funds Human Resources

**NAFI**—Nonappropriated Fund Instrumentality

**OCONUS**—Outside the Continental United States

**OPF**—Official Personnel Folder

**OPM**—Office of Personnel Management

**OWCP**—Office of Workers' Compensation Program

**PACAF**—United States Pacific Air Forces

**RDS**—Records Disposition Schedule

**SF**—Standard Form

**TPD**—Temporary Partial Disability

**TTD**—Temporary Total Disability

**US**—United States

**USAF**—United States Air Force

**USAFE**—United States Air Forces in Europe

**U.S.C.**—United States Code

**WCCMS**—Workers' Compensation Claims Management System

## Attachment 2

**US DEPARTMENT OF LABOR, DIVISION OF LONGSHORE AND HARBOR  
WORKERS' COMPENSATION DISTRICT OFFICES**

**Figure A2.1. US Department Of Labor, Division Of Longshore And Harbor Workers' Compensation District Offices**

<i>Longshore District Office, New York</i> U.S. Department of Labor OWCP/DLHWC 201 Varick Street, Room 740 Post Office Box 249 New York, NY 10014-0249	<i>Longshore District Office, Jacksonville</i> U.S. Department of Labor OWCP/DLHWC Charles E. Bennett Federal Building 400 West Bay Street, Room 63A, Box 28 Jacksonville, FL 32202
Division of LongShore and Harbor Workers Compensation (DLHWC). The DLHWC went live with consolidated case create (CCC) in New York and central mail receipt (CMR) processing in Jacksonville on December 2, 2013.	

**A2.1.** Do Not Send Case Specific Mail to the District Offices - Only send it to New York for case create, and thereafter to Jacksonville.

**A2.2.** OWCP Case Number on Every Document - If a case number has been assigned by OWCP, the case number should be on every document submitted.

**A2.3.** OWCP Case Number Legibility - When placing the OWCP case number on the document, please do not write it too close to the edge of the paper and do not highlight it.

**A2.4.** Multiple Copies of Documents - Do not submit multiple copies of the same document, e.g. 3 copies of the same form.

**A2.5.** Submission by Fax and Mail – Documents should be mailed unless time sensitive. However, if a document is faxed, do not send it via mail. The document should be mailed or faxed, not both.

**A2.6.** Copies of Previously Submitted Documents - Do not submit copies of previously submitted forms for informational purposes, If you are submitting the form because there is an amendment to the form, please write “Amended” somewhere on the form.

## Attachment 3

## BENEFIT CALCULATION EXAMPLE

**A3.1. Background:** A full-time, 40-hour week employee works Monday through Friday, off Saturday and Sunday. For the 52 week period prior to 4 January, the date of injury, the employee earned wages of \$27,144. Employee's hourly rate of pay at the time of injury was \$12.50. The first day of lost time was 5 January with a return to work on 11 January. On 16 February, the employee became disabled again; returned to work on 23 March. The employee was paid sick leave for 5-7 January.

**A3.2. AWW:** The higher rate is always used. Multiplying the hourly rate x 40 would only yield \$500. Dividing the gross wages received over the previous 52 weeks, however, yields \$522 for the AWW.

**A3.3. TTD Rate:** Reference A3.1 above, minimum/maximum rates change 1 October.

Table A3.1. TTD Rate

<b>If Employee AWW is:</b>	<b>Benefit Equals:</b>
Equal/Less than \$344.25	Employee AWW
Equal/Greater than \$344.26 but equal/less than \$516.34	\$344.26
Equal/Greater than \$516.35 but equal/less than \$2065.30	2/3 AWW
Equal/Greater than \$2065.31	\$1377.02
Here, the employee's earnings fall in the third class, two-thirds of the AWW yields a weekly TTD rate of \$348.	

**A3.4. First payment:** The employee is due benefits from 8-10 January. On or about 14 January, a payment was cut in the amount of \$149.13 paying TTD for 8, 9, and 10 January, (3/7 x \$348, weekly compensation rate).

**A3.5. Second Payment:** On 1 March, the employee is due a payment for TTD benefits for the period 16 February through 1 March, totaling \$696.

**A3.6. Sick Pay Adjustment:** With sick leave paid earlier, the Workers' Compensation Section will convert the hours to a dollar amount and submit an accounting transaction to the Shared Service Center to credit the injured worker's sick leave and reimburse the installation for the amount paid to the injured employee.

**A3.7. Future payments:** The next payment is due on 15 March for a 2-week period \$696.00. The last payment is due on 30 March and pays the balance of the TTD period, 16 thru 22 March, 7 days, \$348.

#### Attachment 4

### PHYSICAL ABILITY RATINGS

**A4.1. Rating Physical Work Demands.** The Dictionary of Occupational Titles (DOT), Volume II, published by the US DOL (4th edition, 1991), rates five categories of the physical demands of work in terms of strength required:

**A4.2. Sedentary Work.** Lifting 10 pounds maximum and occasionally lifting or carrying, or both, such articles as docket, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

**A4.3. Light Work.** Lifting 20 pounds maximum with frequent lifting up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree, or when it involves sitting most of the time with a degree of pushing and pulling of arm and/or leg controls.

**A4.4. Medium Work.** Lifting 50 pounds maximum with frequent lifting, and/or carrying of objects weighing up to 25 pounds.

**A4.5. Heavy Work.** Lifting 100 pounds maximum with frequent lifting, carrying, or both objects weighing up to 50 pounds.

**A4.6. Very Heavy Work.** Lifting objects in excess of 100 pounds with frequent lifting, carrying, or both objects weighing 50 pounds or more.